PTO/SB/17 (10-08)
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Unixer ine Pa	perwork Reduction Act of	1995, no person are required t	o respond to a collection	on of information	on unless it display	ys a valid OMB c	ontrol numbe
_	Effective on 12/08/2	Complete if Known					
	the Consolidated Appropri				10/534,637-Conf. #1067		
FEE	ETRANSI			May 12, 2005			
For FY 2009			First Named Inventor Peter OAKLE Examiner Name A. M. Hoft			<u> </u>	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1616				
TOTAL AMOUNT OF PAYMENT (\$) 1,		(\$) 1,300.00			0690-0123PU\$1		
METHOD OF	PAYMENT (check a	all that apply)	<u> </u>				-
		- '''' 					
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number Q2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
L		·				•	41,
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below							
Charge any additional fee(s) or underpayments of Ee(s) under 37 CFR 1.16 and 1.17							
FEE CALCU	· · · · · · · · · · · · · · · · · · ·	TO BITCH TELEFORM					
	G, SEARCH, AND EX	(AMINATION FEES					
	·		ARCH FEES	EXAMIN	ATION FEES	;	
Application To	/pe Fee (\$)	Small Entity Fee (\$) Fee (Small Entity	Fee (\$)	Small Entity	Ease De	ia (e)
Utility	330	<u>Fee (\$) </u>		220	<u>Fee (\$)</u> 110	Fees Pa	ur (4)
Design	220	110 100		140	70		
Plant	220	110 330		170	85		-
Reissue	330	165 540		650	325		
Provisional	220	110 0		0	0		
2. EXCESS CL		110		v	V	s	mall Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple depend	lent claims				390	195	
Total Claims	Extra Claims	Fee (\$) Fee Paid (\$)		<u>Mu</u>	Multiple Dependent Claims		
——. HP = highest num	- 20 = ber of total claims paid for,	x = if greater than 20.		<u>Fee</u>	<u>: (\$)</u>	Fee Paid (\$)	
indep. Claims	Extra Claims	Fee (\$) F	Fee Paid (\$)				-
UD - bi-b4	-3= 	X =					
1	ber of independent claims	paid for, if greater than 3.					
3. APPLICATIO		ceed 100 sheets of paper	· (aveluding alactr	onically file	ed seguence or	computer	
listings und	ler 37 CFR 1.52(e)), t	he application size fee d	ue is \$270 (\$135 f	for small en	tity) for each a	idditional 50	
		5 U.S.C. 41(a)(1)(G) and					
<u>Total Sheet</u>			additional 50 or frac			Fee Pa	aid (\$)
4 OTHER FEE	100 =		_ (round up to a write	ole number) >	·	=	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00							
1252 Extension for response within second month 490.00							
SUBMITTED BY	-//	• •					
Signature	/_1/11		Registration No. (Attorney/Agent)	32,868	Telephone	(703) 205-8000	
Name (Print/Type)	Aridrew D. Meikle				Date	February 10), 2009